Foster Family Home - Corrective Action Report

Provider ID:

1-140022

Home Name:

Fidela L.R. Batoon, CNA

Review ID:

1-140022-9

1016 Laakea Place

Reviewer:

Pamela Perry

Honolulu

96818 HI

Begin Date:

7/10/2020

| Foster | Family | Home |
|--------|--------|------|
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| | | 0.00 |

Required Certificate

[11-800-6]

Comply with all applicable requirements in this chapter; and 6.(d)(1)

6.(d)(1)- Unnanounced visit made on 7/13/20 for a 3bed CCFFH Recertification inspection. Corrective Action Plan issued Comment: during visit with all items due back to CTA by 8/13/20. [11-800-8]

Foster Family Home

Background Checks

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- Last eCrimm for CG #2 & #3 is 4/20/2017

8.(a)(2)- Last APS/CAN for CG #2 & CG #3 is 4/20/2017

Compliance Manager

Primary Care Giver

7/13/20 Date 7/13/20

7/13/2020 23:31 PM

| CTA RN Compliance Manager: | |
|----------------------------|--|
| | |

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

| | | (PLEAS | E PRINT) | | |
|----------------|--|-------------------------------|---|--|--|
| CFFH Ad | dress: | (DI EAC | E DDINT\ | | |
| | | (PLEASE PRINT) | | | |
| lule lumber | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? | | |
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CTA has reviewed all corrected items